

**New Jersey Department of Health and Senior Services
Certificate of Need and Acute Care Licensure Program
Room 403
PO Box 360
Trenton, NJ 08625-0360**

FEE SCHEDULE FOR PRINTED MATERIALS

The Department of Health and Senior Services offers the following publications through the Division of Health Care Systems Analysis, Certificate of Need and Acute Care Licensure Program:

LISTS OF LICENSED ACUTE CARE FACILITIES *	QUANTITY	PRICE	TOTAL
Ambulatory Care Facilities (By County)	_____	\$10	_____
Magnetic Resonance Imaging Facilities	_____	\$5	_____
Surgical Facilities	_____	\$5	_____
Dialysis Facilities	_____	\$5	_____
General/Psych/Special and Comprehensive Rehabilitation Hospitals	_____	\$7	_____
Home Health Agencies	_____	\$5	_____
Hospice	_____	\$5	_____
Residential/Outpatient Substance Abuse Treatment Facilities	_____	\$6	_____
Specific Requests (per facility/service type)	_____	\$5 Minimum	_____
CN List -Assisted Living/Comprehensive Personal Care Homes	_____	\$15	_____
MANUAL OF STANDARDS OF LICENSURE OF:			
**Ambulatory Care Facilities (NJAC 8:43A)	_____	\$16	_____
Comprehensive Rehabilitation Hospitals (NJAC 8:43H)	_____	\$18	_____
**Enforcement of Licensure Regulations (NJAC 8:43E)	_____	\$15	_____
**Home Health Agencies (NJAC 8:42)	_____	\$16	_____
**Hospice (NJAC 8:42C)	_____	\$16	_____
**Hospitals (NJAC 8:43G)	_____	\$32	_____
Maternal and Child Health Consortia (NJAC 8:33C)	_____	\$10	_____
**Residential Substance Abuse Treatment Facilities (NJAC 8:42A)	_____	\$16	_____
Certificate of Need:			
**Cardiac Diagnostic Facilities and Cardiac Surgery Centers (NJAC 8:33E)	_____	\$10	_____
		TOTAL	_____

* A listing of the Licensed Acute Care Facilities is available through an interactive searchable database on the Department's website at <http://www.state.nj.us/health/hcsa/hospitalsearch/index.html>

**These Licensing Standards Manuals are also available on the Department's website at <http://www.state.nj.us/health/hcsa/hcsadmin.htm>.

Please make check/money order **(DO NOT SEND CASH)** payable to: **"TREASURER, STATE OF NEW JERSEY"**

Payment must be made before your request will be honored. Please complete and return to the Certificate of Need and Acute Care Licensure Program at the above address.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____